

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10801604  
APPLICANT(S)

FLING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.		3		3		
TOTAL CLAIMS	4		4			

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